Expanded Article For
Snapshot of Statewide ED and AS Data Quality

Many of you are wondering how the ED and AS data looked in the first quarter of 2005.

First, we congratulate all facilities for being so compliant with reporting the ED and AS data. Second, here are the statewide results of ED and AS data. The data quality needs some improvement, but it is off to a very good start!

The volume of patient records showed approximately 2.1 million ED records, and 691,254 AS records. OSHPD will be monitoring the quarterly data to see if this trend continues.

Number of Patient Records
Hospital ED	2,137,740
Hospital AS	437,712
Freestanding ASCs	253,712

The average number of extension days used by EDs was nine (9) days for the purpose of correcting errors.

The average number of extension days used by hospital AS and freestanding ASCs was seven (7) days.

It appears that 14 extension days for 2005 is adequate for the reporting facilities.

Average Number of Extension Days Used
Hospital ED	9 days
Hospital AS	7 days
Freestanding ASCs	7 days

Using statewide profile reports for ED and AS data, the statistics for specific data elements in this article indicate what facilities in California are reporting to OSHPD and reflect what facilities are experiencing in the healthcare of their patients.

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Sex: In the first quarter of 2005, predominately more females were seen in all three encounter types. At this time, it is unclear as to why there is a significant number of Unknown Sex.

Hospital ED - Sex
1,133,076	Females
980,658	Males
16,584	Unknown
42	Invalid and Blank

Hospital AS - Sex
244,353	Females
192,246	Males
2,785	Unknown
0	Invalid and Blank

Freestanding ASCs - Sex
138,659	Females
108,639	Males
1,831	Unknown
3	Invalid and Blank

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Race: In the first quarter of 2005, significantly more 'White' patients were seen in all three encounter types. OSHPD received modification requests from several facilities indicating that they will be fixing or improving their systems and expect to be in compliance by 2006. This may account for the high number of reported Unknown Race.

Hospital ED - Race
Highest:	1,249,661	White	(code R5)
Lowest:	13,947	Hawaiian/Pacific Islander	(code R4)
Research needed:	231,964	Unknown Race	(code 99)

Hospital AS - Race
Highest:	311,895	White	(code R5)
Lowest:	2,726	American Indian/Alaskan	(code R1)
Research needed:	24,834	Unknown Race	(code 99)

Freestanding ASCs - Race
Highest:	122, 608	White	(code R5)
Lowest:	809	Hawaiian/Pacific Islander	(code R4)
Research needed:	77,155	Unknown Race	(code 99)

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Ethnicity: A person of Hispanic or Latino origin may be of any race. In the first quarter of 2005, significantly more Non-Hispanics or Non-Latinos were seen in all three encounter types. Again, OSHPD received modification requests from several facilities indicating that they will be fixing or improving their systems and expect to be in compliance by 2006. This may account for the high number of reported Unknown Ethnicity.

Hospital ED - Ethnicity
Lowest:	640,028	Hispanic or Latino	(code E1)
Highest:	1,268,202	Non-Hispanic or Non-Latino	(code E2)
Research needed:	219,946	Unknown Ethnicity	(code 99)

Hospital AS - Ethnicity

Lowest:	87,650	Hispanic or Latino	(code E1)
Highest:	323,443	Non-Hispanic or Non-Latino	(code E2)
Research needed:	28,275	Unknown Ethnicity	(code 99**)**

Freestanding ASCs - Ethnicity

Lowest:	30,427	Hispanic or Latino	(code E1)
Highest:	122,866	Non-Hispanic or Non-Latino	(code E2)
Research needed:	95,822	Unknown Ethnicity	(code 99)

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Diagnosis Codes: All facilities are reporting principal and other diagnoses codes. In order to avoid invalid errors, it is important to update your codebooks. The ICD-9-CM codes are updated every October and April. You can check for updates at: http://www.cdc.gov/nchs/datawh/ftpserv/ftpicd9/ftpicd9.htm

Hospital ED - Diagnoses

Valid -	2,128,668	Principal Diagnoses
	1,680,146	Other Diagnoses
Blank -	1,622	Principal Diagnoses
Invalid -	70	Principal Diagnoses
	36	Other Diagnoses

Hospital AS - Diagnoses

Valid -	739,116	Principal Diagnoses
	747,686	Other Diagnoses
Blank -	241	Principal Diagnoses
Invalid -	27	Principal Diagnoses
	9	Other Diagnoses

Freestanding ASCs - Diagnoses

Valid -	248,914	Principal Diagnoses
	166,363	Other Diagnoses
Blank -	44	Principal Diagnoses
Invalid -	174	Principal Diagnoses
	144	Other Diagnoses

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Procedure Codes: All facilities are reporting principal and other procedure codes. In order to avoid invalid errors, it is important to update your codebooks. The CPT-4 codes are updated every January and July.

The codes in July are updated in the AMA website and will be in the next CPT codebook issued in the following year.
The website is: http://www.ama-assn.org/ama/pub/category/3885.html

If a procedure was performed in the ED, the procedure is to be reported on the ED record in compliance with the data elements listed in the Health and Safety Code, Section 128736. We realize that not every ED encounter record reported to OSHPD will have a procedure code.

According to the Health and Safety Code, Section 128737 states, "Each hospital and freestanding ambulatory surgery clinic shall file an Ambulatory Surgery Data Record for each patient encounter during which at least one ambulatory surgery procedure is performed."   We will be looking into those records with blank principal procedure. It may be possible that this may be a formatting problem where the principal procedure field was left blank and was reported in other procedure fields instead.

Hospital ED - Procedures
Valid	-	999,115	Principal Procedures
		1,733,681	Other Procedures
Invalid	-	572	Principal Procedures
		556	Other Procedures
Blank	-	1,130,673	Principal Procedures

Hospital AS - Procedures
Valid	-	438,471	Principal Procedures
		453,975	Other Procedures
Invalid	-	152	Principal Procedures
		522	Other Procedures
Blank	-	761	Principal Procedures

Freestanding ASCs - Procedures
Valid	-	248,913	Principal Procedures
		67,151	Other Procedures
Invalid	-	165	Principal Procedures
		50	Other Procedures
Blank	-	54	Principal Procedures

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E Codes: Concerns have been expressed as to whether facilities are reporting E codes for the external causes of injury, poisoning, and adverse effects of drugs. In the first quarter of 2005, ED and AS facilities are reporting E codes.

Hospital ED – External Causes of Injury
Valid	446,612	Principal E Codes
	431,866	Other E Codes
Invalid -	15	Principal E Codes
	6	Other E Codes

Hospital AS – External Causes of Injury
Valid	19,425	Principal E Codes
	19,132	Other E Codes
Invalid -	3	Principal E Codes
	3	Other E Codes

Freestanding ASCs – External Causes of Injury
Valid -	2,577	Principal E Codes
	2,416	Other E Codes
Invalid -	21	Principal E Codes
	9	Other E Codes

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Principal E Codes: The E849 codes for Place of Occurrence should not be the principal E code. Results show a high incidence of E849 Codes in the Principal E Code position. The Principal E code should show 'how' the causal event occurred. Sometimes it takes one or more E codes to completely describe the event. If the principal E code does not include the information on where the event occurred, then another E code should show 'where' the event occur. Please educate your staff on this issue as necessary.

Hospital ED – Place of Occurrence E Codes reported as Principal E Code
E849.0	Home	163
E849.1	Farm	1
E849.2	Mine and Quarry	2
E849.3	Industrial Places	41
E849.4	Recreational Places	33
E849.5	Street and Highway	67
E849.6	Public Building	40
E849.7	Residential Institution	26
E849.8	Other Specified Place	53
E849.9	Unspecified Place	234

Hospital AS – Place of Occurrence E Codes reported as Principal E Code

E849.0	Home	8
E849.3	Industrial Places	1
E849.4	Recreation Places	1
E849.7	Residential Institution	14
E849.9	Unspecified Place	16

Freestanding ASCs – Place of Occurrence E Codes reported as Principal E Code

E849.0	Home	2
E849.3	Industrial Places	8
E849.4	Recreation Places	2
E849.6	Public Building	1
E849.7	Residential Institution	1
E849.9	Unspecified Place	15

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Other E Codes: In the first quarter of 2005, freestanding ASCs are treating more injuries from industrial settings than any other locations; hospital AS are treating more injuries from home than any other locations; and hospital EDs are treating more injuries from unspecified places than specified locations.

The regulations for other E codes added this statement, "If the principal E code does not include a description of the place of occurrence of the most severe injury or poisoning, an E code shall be reported to designate the place of occurrence, if available in the record." In the other E code field, be sure to report where the event occurred using the Place of Occurrence E849 series.

If the place of occurrence is not specified in the record, you can report E849.9 for the unspecified place. However, OSHPD will be monitoring high numbers of reported E849.9 for unspecified place and learn what problems you are facing. Keep in mind that the use of E849 codes are important for researchers to understand where injuries are occurring and help identify strategies to prevent such injuries, including recommending preventive measures to policymakers.

Hospital ED – Other E Codes

E849.0	Home	121,514
E849.1	Farm	185
E849.2	Mine and Quarry	26
E849.3	Industrial Places	19,887
E849.4	Recreational Places	31,371
E849.5	Street and Highway	48,943
E849.6	Public Building	19,051
E849.7	Residential Institution	8,184
E849.8	Other Specified Place	44,661
E849.9	Unspecified Place	130,766

Hospital AS – Other E Codes

E849.0	Home	4,118
E849.1	Farm	8
E849.2	Mine and Quarry	1
E849.3	Industrial Places	847
E849.4	Recreation Places	1,539
E849.5	Street and Highway	452
E849.6	Public Building	347
E849.7	Residential Institution	1,387
E849.8	Other Specified Place	1,532
E849.9	Unspecified Place	8,662

Freestanding ASCs – Other E Codes

E849.0	Home	85
E849.1	Farm	4
E849.3	Industrial Places	948
E849.4	Recreation Places	191
E849.5	Street and Highway	37
E849.6	Public Building	184
E849.7	Residential Institution	26
E849.8	Other Specified Place	82
E849.9	Unspecified Place	784

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SSN: Valid Social Security Numbers (SSNs) are being reported by all ED and AS facilities. If the patient's social security number is not recorded in the patient's medical record, the social security number shall be reported as "not in medical record," by reporting the social security number as "00000001." Reporting an unknown SSN is considered valid. However, if the SSN is invalid or blank, please correct it or report it as unknown SSN (000000001).

Hospital ED

Valid	-	1,647,115
Invalid	-	1,685
Unknown	-	481,168
Blank	-	392

Hospital AS

Valid	-	412,499
Invalid	-	257
Unknown	-	26,558
Blank	-	70

Freestanding ASCs

Valid	-	223,096
Invalid	-	41
Unknown	-	25,899
Blank	-	96

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Disposition of Patient: In the first quarter of 2005, predominately more patients were discharged 'home'.

"Other" disposition includes patients who are discharged or transferred to some place other than those listed in the disposition categories. Because of the high number of reported "Other", OSHPD analyst may be questioning facilities on what disposition categories are lacking in this data element. It is currently not known how these patients are being discharged. We welcome your input, so feel free to contact your analyst.

Hospital ED

1,960,377 -	Home	(code 01)
60,422 -	Other	(code 00)
54,593 -	AMA or Discontinued care	(code 07)

Hospital AS

422,760 -	Home	(code 01)
13,758 -	Other	(code 00)
1,121 -	Medicare-certified SNF	(code 03)

Freestanding ASCs

240,231 -	Home	(code 01)
7,501 -	Other	(code 00)
585 -	Blank/Missing	(code -)

In the first quarter of 2005, there were no deaths reported by freestanding ASCs and there were 777 invalid or blank dispositions reported.

Other Dispositions:	Deaths	Invalid/Blank
Hospital ED	4,768	172
Hospital AS	47	20
Freestanding ASCs	0	585

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Expected Source of Payment: In the first quarter of 2005, the top four (4) payer categories indicate a different distribution for all three outpatient settings.

Hospital ED

453,905 -	HMO	(code HM)
517,749 -	Medi-Cal	(code MC)
329,723 -	Self-Pay	(code 09)
128,160 -	PPO	(code 12)

Hospital AS

108,694 -	HMO	(code HM)
56,242 -	Medicare Part A	(code MA)
48,435 -	PPO	(code 12)
43,019 -	Medi-Cal	(code MC)

Freestanding ASCs

60,406 -	Medicare Part B	(code MB)
36,794 -	Blue Cross/Blue Shield	(code BL)
32,727 -	PPO	(code 12)
26,062 -	HMO	(code HM)

It is questionable that outpatients would have Medicare Part A (inpatient coverage) while in an outpatient setting. Your analyst will be inquiring as to what this means. In the meantime, you may want to ensure that you are entering the correct payer when conducting manual web entry, Medicare Part A or Medicare Part B, or you can check with your billing office for the rationale on Medicare Part A.

"Other" payer includes payments by governments of other countries, payment by local or organized charities, such as the Cerebral Palsy Foundation, Easter Seals, March of Dimes, Shriners, etc, and payment not listed in other categories. Because of the high number of reported "Other", OSHPD analyst may be questioning facilities on what payer categories are lacking in this data element. It is currently not known how these patients are being covered. Again, please feel free to share your thoughts with your analyst.

Hospital ED

113,964 -	Medicare Part A	(code MA)
99,343 -	Other	(code 00)

Hospital AS

56,242 -	Medicare Part A	(code MA)
13,584 -	Other	(code 00)

Freestanding ASCs

    11,759 -   Medicare Part A   (code MA)
     8,266 -   Other   (code 00)

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Conclusion: We all learn best from errors and knowing about these errors will help all of us research further on how to prevent the errors or explain why these are not true errors. We hope this article gives you a peek at what is happening in California's healthcare system.